| IMPORTANT: ONE CO | | | ILED TO THE | ORIGIN ITO/TMO | |
|---|---|--|---|---------------------------------------|--|
| JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY Privacy Act Statement The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 201 | | | | | |
| AUTHORITY: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397. November 1943 (SSN) | | | | | |
| PRINCIPLE PURPOSE(S): ROUTINE USE(S): | The information requested is to be used in evaluating claims. The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties. | | | | |
| DISCLOSURE: | Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim. | | | | |
| GENERAL INSTRUCTIONS the signature of the member a blank or partially complete be provided the member or r damage is involved, write "N | : The carrier's/contract or member's agent. The d DD Form 1840. Three member's agent by the NONE'' in description o | or's representative will core member or member's age completed copies of DD F carrier's/contractor's represolumn. | mplete and sign DD ent will not, under a form 1840 and blan esentative for each | ny circumstances, sign | |
| 1. NAME OF OWNER (Last, First, Middle | SECTION A—GENE | RAL (To be completed by carrier/cont | | | |
| Quirk, Thomas | muan) | 2. SOCIAL SECURITY NO. | 3. RANK OR GRADE | 4. NET WT OF SHIPMENT | |
| 5. ORIGIN OF SHIPMENT (City and State | /Country) | | HIPMENT (City and State/C | 3,000 Country) | |
| 7. PPGBL/ORDER NUMBER | T a "a-a | SPAIN(SP) | SPAIN(SP) | | |
| UP 670233 | 8. PICKUP DATE | | SS OF CARRIER/CONTRA | CTOR | |
| 1010310 | | ER/CONTR REF. NO. PO. Box 101 | | | |
| 4LLSC |) | Den oge Pro | 1 EL 3006 | 9 | |
| SECTION B-REC | ORD OF LOSS OR DAMAGE (| To be completed jointly by member and | carrier's/contractor's repri | esentative) | |
| 13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY. | | | | | |
| a. Inv. No. b. Name of item | c. Description of | loss or damage (If missing, so indicate |) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
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| 301100 1000 | is peeps | cratch down | center | · · · · · · · · · · · · · · · · · · · | |
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| 14. ACKNOWLEDGMENT BY MEMBER (and sign below) | <u> </u> | (X and complete as app | NT BY CARRIER'S/CONTI | RACTOR'S REPRESENTATIVE | |
| a. I received my property in apparently g A continuation sheet | ood condition except as indicate | (X and complete as app | icable and sign below) delivered in apparently goo | RACTOR'S REPRESENTATIVE | |
| a. I received my property in apparently g A continuation sheet was no | ood condition except as indicate t used. | d above. (X and complete as appled above. a. Property was noted above. | icable and sign below) delivered in apparently god | od condition except as otherwise | |
| a. I received my property in apparently g. A continuation sheet was was no b. Unpacking and removal of packing me and other debris | t used. | d above. a. Property was noted above. b. I will initiate tr | icable and sign below) delivered in apparently goo | od condition except as otherwise | |
| a. I received my property in apparently go A continuation sheet b. Unpacking and removal of packing me and other debris is c. I estimate the amount of my loss and/o | t used. aterial, boxes, cartons, | d above. a. Property was noted above. b. I will initiate to c. Name of delivering can MINIAN S. L. | icable and sign below) delivered in apparently god acer action for missing item arrier/agent/contractor | od condition except as otherwise | |
| a. I received my property in apparently 9 A continuation sheet was was no b. Unpacking and removal of packing me and other debris c. I estimate the amount of my loss and/o | t used. aterial, boxes, cartons, is not waived. or damage at | d above. a. Property was noted above. b. I will initiate tr c. Name of delivering ca MINIAN S.L. P.O. Boc 5 | icable and sign below) delivered in apparently god acer action for missing item rrier/agent/contractor | od condition except as otherwise | |
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| a. I received my property in apparently g. A continuation sheet b. Unpacking and removal of packing me and other debris. c. I estimate the amount of my loss and/oss. d. I have received three copies of this for list any further loss and/or damages to the nearest claims office, and the | t used. aterial, boxes, cartons, is not waived. or damage at m. I understand that I have 70 on the back of this form and g t fallure to do so may result in n. f. Date Signe | d above. a. Property was noted above. b. I will initiate tr c. Name of delivering ca MINIAN S. I. P.O. BOC 5 11520 ROTA give this my be- d. Storage in transit? | icable and sign below) delivered in apparently god acer action for missing item rrier/agent/contractor | od condition except as otherwise | |
| a. I received my property in apparently g A continuation sheet b. Unpacking and removal of packing me and other debris c. I estimate the amount of my loss and/or s d. I have received three copies of this for list any further loss and/or damages to the nearest claims office, and that ing paid a smaller amount on a claim | t used. aterial, boxes, cartons, is not waived. or damage at m. I understand that I have 70 on the back of this form and g t fallure to do so may result in n. | d above. a. Property was noted above. b. I will initiate tr c. Name of delivering ca MINIAN S. I. P.O. BOC 5 11520 ROTA give this my be- d. Storage in transit? | icable and sign below) delivered in apparently god acer action for missing item rrier/agent/contractor | od condition except as otherwise | |

DD 1840

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 and petime of delivery; complete Section A below. Use only pall-point pen or typewriter. THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM. Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

| SECTION A(To be completed by member) | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or demand in the following shipment of | | | | | | | |
| a. Name of M | lember (Last, First, Middle Initial) | er e | PPGBL/Order Number | c. Date of Delivery | | | |
| (A) | · -TI- | | | | | | |
| Quir | K Imomas L | • | UP 6 10233 | 109 HANDY | | | |
| d. Origin of Shipment (City and State/Country) e. Destination of Shipment (City and State/Country) | | | | | | | |
| | | | | | | | |
| Los (Ingeles California (USA) SPAIN (SP) | | | | | | | |
| f. You are further notified that property owner intends to present a claim for this loss and/or damage. | | | | | | | |
| to a die noted an opportunity to inspect the property. | | | | | | | |
| a. Inv. No. | LIST OF PROPERTY LOSS/DAMAGE (NOTE: Tracer action is requested for Items listed as missing) | | | | | | |
| a. 1114. 140. | b. Name of Item | c. General Description of Lo | es or Damage (If missing, so indicate) | | | | |
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| (pa) | DVD's (3) | · · | | | | | |
| <u> </u> | 9103(3) | JIMK WH | RS TRILOGY (m | lissing) | | | |
| 179 | Running Shoes | Nike (mi | ssing) | | | | |
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| And the second of the second o | | | | | | | |
| | (NOTE: Mail or | iginal to home office of carrier | mpleted by claims office) /contractor listed in item 9 on DD Form 1840) | 李强·张 (1) | | | |
| | MICE OF Carner/Contractor) | and the same of th | 240-20-1-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01-18-01 | processor - Commercial State of the Commercial State o | | | |
| . Name and A | ddress (Street Address, City, State, and Zij | o Code) | WASH CHASE | h Date of Dishestal | | | |
| | | n generalis de la companya de la co La companya de la co | grand of the state | b. Date of Dispatch | | | |
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| YOUR REP | RESENTATIVE MAY CONTACT THE | | The december of the Comment of the Annual | Market Committee | | | |
| . Name and A | RESENTATIVE MAY CONTACT THIS CLA ddress of Claims Officer | IMS OFFICE FOR ASSISTAN | | A section and the second | | | |
| | | | b. Signature | の最後機(Million Sept. Million S | | | |
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| | The state of the s | | c. Date Signed | | | | |
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| Form 1840R | . JAN 88 | 5 | | | | | |